**Complaints Form**

**Please complete and return to the Office Manager who will acknowledge receipt and explain what action will be taken.**

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| Your Name  Pupils Name  Your relationship to Pupil  Address  Post code  Daytime Telephone Number  Mobile Number  Email address  Please give details of your complaint  What action, if any, have you taken to try and resolve your complaint?  (Who did you speak to and what was the response?)  What actions do you feel might have resolved the problem at this stage?  Are you attaching any paperwork? If so, please give details  Signature  Date |
| **Official Use**  Date acknowledgement sent  By who?  Complaint referred to  Date |